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ABSTRACT

This collection of 21 suggested outcome measures for early childhood intervention services is intended to apply to all types of service and support program models for children (birth to age 5) with various developmental delays and/or disabilities. The measures are appropriate for either home-based or center-based service delivery models. Section 1 provides narrative explanations of the broad content areas of choice, goals, rights, respect, health and safety, relationships, security, and satisfaction. This section explains the values on which the outcome measures are based and offers suggestions for facilitating outcomes for families receiving early intervention services. It also addresses application of the outcome measures through visits and interviews and outlines the information collection and decision making process. Section 2 presents the 21 outcome measures. For each of the measures there are suggested questions designed to determine, first, whether the outcome is present and, second, the quality of the individualized supports and services provided by the service organization. Examples of outcomes include: (1) families are informed; (2) families choose their goals; (3) children are safe; (4) families remain together; and (5) families are satisfied with their services. Each outcome is examined in terms of values, outcome information gathering, and outcome decision making. (DB)

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Outcome Measures For Early Childhood Intervention Services

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Developed By

The Accreditation Council on Services for People with Disabilities

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The Illinois Planning Council on Developmental Disabilities

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THE ACCREDITATION COUNCIL
on Services for People with Disabilities

The Accreditation Council on Services for People with Disabilities is a national quality enhancement organization representing national consumer and professional organizations and service providers dedicated to providing leadership and improving the quality of services for people with disabilities through the establishment of standards; provision of education, consultation, and training; dissemination of publications, accreditation of organizations and the recognition of excellence.

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Foreword

Outcome Measures for Early Childhood Intervention Services examine the family and child focused outcomes that result from the provision of early childhood intervention services and supports.

The Accreditation Council defines quality in terms of family and child outcomes rather than compliance with organizational processes. Outcomes are defined by the individuals receiving services. With the *Outcome Measures for Early Childhood Intervention Services* and the review methodology designed by The Accreditation Council, families themselves occupy the center of the quality improvement process.

The *Outcome Measures for Early Childhood Intervention Services* apply to all types of service and support program models and to families of children with various developmental delays and/or disabilities. They can be used to measure and enhance quality in a wide range of organizations including home-based and center-based service delivery models. These outcomes address the needs of families with children from birth to five years of age rather than limiting the application of the *Outcome Measures* to children from birth to three years old.

This volume of *Outcome Measures* applies to programs throughout the United States and Canada. Families in both the U.S. and Canada identified these outcomes of early intervention services. Since the audience for these *Outcome Measures* is quite broad, the language used throughout is generic in nature. Terms that are unique to state, provincial, and federal governments are not used.

The content of this book is divided into two sections, each with its own unique focus.

Section One—Values Foundation for Early Intervention, provides narrative explanations of broad content areas of the specific "Outcomes for Families and Children" (Choice, Goals, Rights, Respect, Health and Safety, Relationships, Security, Satisfaction). This section explains the values base of the Outcomes and provides suggestions for facilitating outcomes for families receiving early intervention services.

Section Two—Outcomes for Families and Children explains how each Outcome Measure is applied and measured. This section focuses on outcomes for families, rather than organizational processes that might contribute to the outcomes. Concisely worded, these Outcome Measure statements consist of those priority outcomes that families of young children with developmental delays/disabilities indicate are most important to them.

Families are informed

Families indicate that information about the child's developmental situation is helpful and provides the foundation for gathering additional information. For some, information can bring peace of mind, knowing about the child's condition and what can be done for it.

Early intervention services typically begin with an assessment phase when practitioners provide families with professional advice and feedback regarding the child's development. Assessments contain key information—an outline of why the assessment is being conducted, a summary of developmental strengths and weaknesses, identification of possible needs for services, a list of available options for services, suggested strategies for providing services and supports, and suggestions for possible use of generic resources available in the community.

Assessment information is communicated in both oral and written forms—in readily understood terms. Parents are the key informants and participants in the assessment process, raising and answering questions, and providing developmental information. Family participation in assessment is a critical aspect of early intervention. Assessment information should also facilitate the family's understanding about how to support and advocate for the child.

Once assessments are completed, families face many decisions. Families require information about available resources. Service coordinators and early intervention providers assist families by providing resource guides, hand-outs, pamphlets, books, etc., about various early intervention providers and their specializations, support groups and networks, therapies, respite care, social welfare information, assistive technology, advocacy issues, and other pertinent knowledge. Resource directories or resource lists can provide access to resources without overwhelming families with information.

Families have on-going needs for information. Parent groups and support networks often provide families with information about up-coming workshops, presentations, and meetings about various topics. Advocacy groups often sponsor informative workshops regarding family rights in the service delivery system. Early intervention providers also sponsor family education events when a collective need is identified by families or staff.

Quite often, families are not aware of available resources. Early intervention service coordinators and service providers can devise systems—resource directories, bulletin boards, discussion groups, telephone calls—to inform families of resources such as alternative services, economic assistance, respite care, food banks, and counseling.

Parents often look to early interventionists to assist them in finding medical care for their child. Staff know medical resources in the community and can discuss the relative quality of the resource. In addition, early intervention providers assist parents in interpreting evaluations that contain technical terms. Staff can also help parents frame questions for follow- up with various medical service providers.

Families may need information about services and supports that may be available to them to strengthen natural supports, family relationships and participation in the community. Service coordinators and service providers refer families to counselors, clergy or other community resources able to assist with the attainment of outcomes related to the family and child's relationships and participation in the everyday life of the community.

Choice

Families choose services and supports

Immediate access to services and supports is of primary importance in early childhood intervention. The sooner families can access services, the sooner developmental concerns can be approached. Families need to be aware of, and linked to, available resources.

To promote referral and linkage, early intervention service coordinators and providers create and use networks with other providers—hospitals, pediatricians, public health officials, school districts, social welfare agencies, charitable groups—that interface with families. Collaboration and networking between service providers promotes prompt linkages. Some service delivery systems may require that referrals be made from specific sources. However, it may be expedient for families to "self-refer," initiating contact with the service delivery system on their own if possible.

A well designed "single point of entry" within a service delivery system streamlines referrals and prevents administrative duplication. Information from families should accompany them throughout service provision.

Families should not be placed on waiting lists for long periods of time since that would certainly compromise the benefits of "early" intervention. If waiting lists exist, organizations advocate for additional resources to eliminate them. While families wait for services to begin, service coordinators and service provider organizations should maintain ties with them, providing them with information about other available service options.

Families are offered options for services and their preferences regarding service selection should be respected. Families choose services and determine how services are delivered. Services are provided at times that are convenient for families and should not be dictated by perceived organizational limitations. Families choose how services are delivered. They consider different service models such as home-based, center-based and community- based options or perhaps combinations of these models.

Families are not expected to accept services that do not match their needs or for the convenience of the service organization. Family preference is the determining factor when decisions are made regarding the type, intensity, location and provider of services. Services should be modified whenever possible to accommodate reasonable requests and preferences.

Families choose how much of a particular service they would like. More services are not necessarily better. Quality is not determined by extended amounts of various therapies. Most often how a service is provided, rather than how long a particular session might be, is the key to determining quality.

Services and supports are not outcomes. They are processes that enable families and their children to achieve goals and reach developmental goals. Developmental assessments and family needs assessments describe the types of services that assist families and their children to attain goals. Options for services should be clearly identified in assessment information as a way of assisting families to choose the service options that will facilitate outcomes.

Families choose their goals

The preferred model of services in early childhood intervention, has shifted from a child-centered one to a family-centered approach. Families seek services to maximize outcomes for the child. Services facilitate the attainment of outcomes. Since children develop within the context of their family situations, supports also assist families to cope with the challenges of rearing a child with a disability or developmental delay. Therefore, intervention strategies address the entire family unit. Families of children with developmental issues are neither "broken" nor "dysfunctional." Rather, families need particular assistance based on their unique needs and situations.

Family-centered services rely on family needs assessment to discover what information, support, training or referral for services families might desire to facilitate long term outcomes for both the child and family. An individualized family needs assessment enables families to identify priority outcomes that reflect their desires and goals for the future.

Family needs assessments are not necessarily generated by a standardized tool. Instead, early interventionists interview the family to determine desired outcomes and priorities. Some examples are: learning how to effectively shape the child's behavior, developing coping mechanisms to deal with feelings about the child's developmental issues, finding a job, locating suitable day care, securing respite care, choosing appropriate developmental toys for the child, resolving conflict over differing parental opinions about the need for or expectations of early intervention, becoming more involved in the community, or learning self-advocacy skills to promote change in the service delivery system.

Family needs assessment takes place during each contact with the family. Informal discussions often yield important information about family goals. These goals can be incorporated within the family's service and support plan or worked on informally. To optimize the family needs assessment, interventionists are familiar with the family's dynamics and their hopes and concerns for the future.

The family-centered approach challenges staff to develop additional skills in communicating with families and to cooperate with other professionals.

Families choose child developmental goals

Early intervention providers assist families to identify developmental goals for children. Once appropriate assessments are completed, interventionists can help families determine goals to guide developmental activities. Goal development flows from an ongoing dialogue regarding the child's developmental strengths and needs. Parents are asked about their concerns relating to the child's development. They are asked about the developmental milestones they would like their child to achieve. The family makes decisions regarding goal development.

The formation of appropriate developmental goals leads to the identification of effective teaching skills and needed supports. Services and supports are directed toward supporting both family and child development goals.

The plan developed for the child and family reflects these goals. Goals are stated in terms that are identifiable and measurable. They can be easily understood by the family and everyone who works with them. Goals state the skill to be achieved in ordinary terms (for example, "Maria will sit independently").

Various processes facilitate goal development. Some teams may choose to conduct traditional sit-down meetings with the family. Other teams select an informal process, using the concept of an "on-going plan" where goals are added to the plan as the family identifies them during the course of service provision. Some families will want to include extended family, day care providers, close friends or neighbors in the planning process.

Families attain their goals

Early intervention services and supports assist families to attain their goals. These services do not undermine the family's independence. Rather, services and supports enable families to become increasingly independent of formal intervention services. Family needs assessment indicates strengths and resources families bring to work toward goal attainment. These strengths are built upon in the formation of formal and informal plans. Families are encouraged to do as much for themselves as possible.

Coordination of services assists families to attain their goals. Attainment of family goals may require linkages to other resources. Early intervention services should foster an expanded role for families in service coordination.

Children attain developmental milestones

Early intervention services assist children to attain, approximate or compensate through environmental adaptations those developmental milestones identified as important by their families. Teaching strategies and therapies are individualized for each child. Play, rather than direct therapy or classroom work, is the preferred context for teaching children new skills and abilities.

Special supports can increase functional capabilities for children even in the absence of skill acquisition. For example, assistive technology and environmental alterations can enable them to increase function without necessarily acquiring a multitude of new skills.

Opportunities for teaching are found throughout the course of the day. Parents identify times and environments within the normal routine of the family and child's day when and where the teaching of developmental skills can be conducted and reinforced. Staff and parents identify what supports (instructional aids, modeling of techniques, handouts, materials, developmental toys, adaptive equipment, checklists, or videos) the family might need to teach skills during daily life situations and routines.

Service providers reinforce the family in teaching the child new skills and provide services in a variety of environments, including the home and other environments (such as nursery school, preschool, or day care) in which young children typically spend time. Parents are partners in choosing teaching strategies. Teaching opportunities are integrated within normal daily activities such as eating, dressing and bathing. Instructions and other supports are given to day care providers for teaching. The importance of same-aged peer interaction is stressed. Interaction and modeling by children without developmental delays is maximized.

Early intervention staff empower parents as partners in early intervention to carry the teaching process over to the home environment. Parent participation in the teaching process is emphasized. Organizations encourage parents to be involved in the early intervention program. Staff know the family well enough so that emphasis is placed on teaching skills that can be generalized within the home and other environments.

Families exercise their rights

Families have specific legal rights. The job of service coordinators and early intervention providers is to inform families of their rights and indicate how the family may exercise their rights.

Information about rights is communicated clearly and concisely to families in their primary language. They are provided rights information at their first contact with the service delivery system and throughout their participation in early intervention. Many families are overwhelmed by the information given at service initiation. For this reason, service coordinators, providers, and parents determine what issues are of greatest importance during the service relationship. For example, at service initiation, access to assessment and evaluation information might be a priority.

Families are provided information about due process procedures. Due process is the guaranteed opportunity to protest, to be heard, to be informed, to give consent and to have the issue heard by an impartial party. Due process procedures are clearly communicated to families.

Parents also need information about new services, their rights and due process measures. This information prepares families for transitions. Parent education emphasizes self-advocacy skills so that families learn to speak on their own behalf. Some families seek referral to advocacy organizations or disability groups that stress the importance of family self-advocacy.

Children are free from abuse and neglect

Children are free from abuse and neglect. Service organizations develop functional definitions of abuse and neglect for staff, families and children. Abuse can be verbal, physical, sexual and/or psychological. Neglect occurs in areas such as lack of basic sustenance (food, clothing, shelter, attention, etc.), failure to provide needed services, and failure to provide or maintain needed equipment.

Organizations define and prohibit abuse and neglect. The organization also implements policies and procedures for investigation in all cases of neglect or abuse alleged to have occurred. Other organizations may conduct the investigation, but organization policy indicates how to respond to and initiate the investigation.

There are legal requirements that early intervention staff report any instances or suspicions of abuse and neglect of children. This includes all types of abuse and neglect as outlined above from any possible source, including professional staff, immediate family, extended family, neighbors, community members, or even other children. Although these allegations may affect the relationship with the family, professionals must fulfill their obligations. Finally, the organization provides staff and families training in detecting the signs and symptoms of abuse/neglect.

Service coordinators and early intervention staff can prevent child abuse and neglect. Neglect often occurs when parents lack effective parenting skills. Coordinators and providers can refer these families to parenting classes or other training. Crisis intervention, coping strategies, impulse and anger control, individual counseling, and family counseling may prevent abuse.

Respect

Families are respected

Families and children are treated with respect and dignity. All aspects of services and supports communicate their importance.

Words and tone of voice carry messages. The child is a child first and disability descriptors are of secondary importance. For example, a child may have Down syndrome but is not a "Down child." A child may have epilepsy but is not "an epileptic." Labels reduce the child to one dimension—the disability or developmental issue. "Child first" language communicates that each child has abilities, skills, and unique personality traits that cannot be captured by any label. Tone of voice communicates meaning and value. The tone of voice is respectful and appropriate to the age of the child.

Parents and other family members are respected. Early intervention staff respect cultural diversity. Staff do not impose their values and beliefs on the family.

When staff must discuss technical terms, clarity is emphasized. Staff do not "talk down" to parents. "Talking down" to parents may be as offensive as the constant use of technical terms that are not understood.

Early intervention staff face unique challenges in expressing respect for children and their families. As guests in family homes, interventionists must consider the family's need for privacy and respect their living space. Often, basic questions such as "where should I park my car when I visit?" "would you like me to take my shoes off?" "where would you like me to sit?" can minimize problems.

Organizations providing center-based services ensure that environments do not stigmatize families and children in any way. Environments positively represent children and families.

Families decide when to share personal information

Providers safeguard personal information. Sharing of information requires the parents' informed consent. All consents are time limited and should specifically identify information to be shared, to whom it will be made available, and the purpose of the information exchange. Even with permission, service and support organizations should provide only the information that is relevant to services or supports for that person or family.

Staff sometimes informally transmit information during personal introductions, telling stories, and during conversations about work. Even in these situations, intervention staff guard against transmitting information without the authorization of the family. Discussing information about families, even among staff, can cause families discomfort and embarrassment.

Families also have the right to know the content of any records or files that relate to them and their child. They should also be informed that information contained in the record is their property and they can access that record at any time they wish.

Children have the best possible health

Early intervention programs can support children's health. Quite often, service coordinators and other early intervention providers can link families with medical care providers and economic resources to pay for those services. In addition, early intervention professionals often assist families in determining the quality of health care.

Families may need assistance in maintaining their child's optimal health. Early intervention staff can explain technical medical terms and help families form questions for medical staff. Staff can also assist the family in carrying out the recommendations of medical professionals. Families may also need support in recording important medical information such as descriptions of their child's symptoms, seizure records, or other types of medical information. Some families may incorporate assistance with medical issues within the formal planning process. This type of assistance ensures that health care interventions are personalized and effective.

Early intervention professionals can also educate families and health care professionals. Service coordinators and other professionals may recommend certain medical professionals to families and may recommend options for second opinions. Service coordinators and others can educate families by providing information such as toll free numbers for emergency service, articles on nutritional issues, information on proper dental care, breast feeding, particular medical specialists, allergies, immunizations, or seizure disorders. Staff also assist families by providing guidance decisions related to health care, identifying health concerns and taking action.

Health care professionals may need information about different types of disabilities or delays or may need information on how to interact with families and with individual children.

Families may also need to educate service providers about the child's medical condition to prevent inadvertent harm. Parents may also train center-based service providers and respite providers in operating equipment or performing treatments.

Children are safe

Children live and learn in environments that meet typical expectations for safety. Environments maintained by early intervention service providers must meet all necessary federal, provincial/state or local standards related to health, cleanliness and safety, including compliance with all required fire and environmental safety codes. Provisions for handling and securing toxic materials, emergency procedures, including a regularly rehearsed evacuation plan, are developed in settings where services are provided on a regular basis.

Organizations that provide home-based services can provide valuable safety information to families about first aid, CPR for children, car seats, cribs, stairway gates, outlet covers, poisonous materials, the poison control center number, safety locks, and safety in households with pets. This information can be shared through newsletters, safety brochures, video tapes, articles, and bulletin boards. During home visits, staff look for obvious safety issues and tactfully provide suggestions for remedying problems. Also, early intervention providers can assist the family to identify safety issues specific to the needs and abilities of the child. When families are concerned about the safety of their neighborhoods, staff assist them in finding alternative housing to the extent possible.

Health and Safety

Relationships

Families remain together

The demands of having a child with a disability or severe developmental delay often add tremendous stress to family relationships. Without proper supports tailored to their individual needs, some families decide to place their child outside of the family situation. Early intervention services can prevent placement in institutions, group homes and foster care. An array of individualized services and supports enable families to keep their children at home.

In some cases, the stress associated with having a child with a disability can contribute to the dissolution of partnerships or marriages. Support services such as respite and counseling assist couples to cope with stress. Some families may need other resources to assist them such as spiritual guides and clergy, support networks and groups, family therapists or tribal/clan elders. Additional family members such as siblings, grandparents and other extended family members may also benefit from these resources. Early intervention staff may not be trained in relationship crises, but know the resources families might access.

Single parents have their own challenges in raising a child with a developmental delay or disability. Supports should be provided to ensure that their unique needs are met so the family can remain together. Additional consideration should be given to ensure that single parents have extensive natural support systems.

Children spend time in natural environments

Children with disabilities/developmental delays interact with other children who do not have developmental challenges. Families determine the natural environments in which their children participate. Natural environments provide children opportunities to learn new skills through interactions with one another. Children with disabilities or delays model those skills they see other children of their own age performing. Early intervention programs encourage families to include their children in typical environments such as day care centers, regular preschools, or religious instruction groups. Staff assist families in exercising the right of their child to be in typical environments and provide services and supports in those environments when necessary. Play groups, informal outings, visiting with relatives and neighbors and excursions to the park provide other natural contexts for children to interact with others. Community resources are sought to maximize the use of environments where children naturally come together.

Participation in the community gives a feeling of belonging. Parents sometimes fear that their children will not be accepted. They may worry that their children may even be ridiculed or rejected because of their disability or delay. Early intervention staff can offer coping strategies and ways to educate other parents and young children if uncomfortable situations arise.

Children with and without developmental delays or disabilities learn from one another. They learn about differences and diversity. They also learn that children with and without disabilities can be playmates, schoolmates and friends. Children also learn how to socialize with people who are different.

Children develop relationships

Socialization begins with the relationship between a child and her/his immediate family and care givers. If difficulties with the relationship arise, early intervention staff can provide suggestions for strengthening those relationships. As the child grows, the social sphere is enlarged and relationships develop with other people such as grandparents, extended family members, day care providers, close family friends, and playmates. Some children need to be connected to parents and other close family members who do not live in their home.

Friendships and relationships help children develop important social skills. Early intervention staff observe child interactions in different social situations. Behavioral problems or withdrawal may suggest that increased emphasis on socialization is warranted if the family shares these concerns. The development of relationships and community participation promotes further growth and development.

Families remain connected to natural supports

Families need relationships with, and supports from, extended family, neighbors, friends and other members of the community. Families of children with disabilities/delays may require additional supports. In our increasingly mobile and transient world, many families are unable to form lasting bonds with other people. Many families of children with disabilities or developmental delays are isolated from activities and socialization with families of children without disabilities. Some natural support networks change with the birth of a child with developmental concerns. The demands of parenthood also decrease the time available to sustain relationships.

Early intervention professionals determine the extent and satisfaction with the current support system. Intervention staff can suggest strategies for making changes. Families may need assistance in educating extended family, friends and neighbors about their child's condition. Grandparents, for instance, might be worried that they will say the wrong thing or may simply be intimidated by the child's situation. Early intervention staff can help the family identify barriers to connections with natural supports and develop approaches to overcoming those barriers.

Families are a part of their communities

Families can make important contributions to their communities. Connections to community also prevent families from feeling isolated. Maintaining these community ties, however, can be difficult while raising children. Each family must decide its own level and form of community involvement.

While helping families assess their own needs, staff can raise the topic of community involvement. Families may require extra supports to adopt leadership roles, volunteer positions, religious community activities, recreational pursuits, or neighborhood functions Respite care or the cultivation of natural supports may assist families to overcome barriers to community involvement.

Security

Families have economic resources

The family's economic resources cover the basic requirements of life—a place to live, food, clothing, transportation, medical care and leisure activities. Families of children with developmental delays or disabilities may have unique financial security needs and may not have the resources to pay for these necessities. Those families can be referred to social service agencies and other organizations that provide economic assistance.

In addition, since many children with developmental concerns have complicated medical problems, coverage for medical expenses is also a primary concern for families.

Poverty and disability are often linked. Service coordinators and organizations providing services and supports assist people in gathering economic resources to support basic life activities. Some families may have ample resources, but are unable to budget their monies. They need family budgeting assistance. Families who do not qualify for public assistance may need financial management assistance. Staff can connect families with public service organizations providing financial services.

Financial support examines the need for health, life, disability and personal property insurance. Insurance enables people to protect their economic assets. Service coordinators and other early interventionists can raise basic questions about the family's insurance and then ask if they need additional information or assistance locating insurance agents. Often, basic questions about insurance prompt families to address these issues on their own.

Families experience continuity and security

Disability frequently results in dependence on human service organizations. Dependence on formal supports often links the family to changes in agency administration, staffing, funding or political leadership. Family needs should be the reason for changes in programs and services. Staffing changes are planned. Staff changes have the least possible impact on the lives of families.

Changes related to transitions, particularly a transition to a preschool program, are a major source of stress. Of course, other transitions—home-based to center-based services (and vice versa), changes in staff, family moves, divorce, and other experiences—can cause stress as well. In working with families, service coordinators and other early intervention staff can help families develop plans for reducing the stresses associated with major life transitions. For instance, anxiety related to preschool transition might be lessened if the family visits various programs, meets the new staff and administration and tours the facilities.

Families are satisfied with their services

Services match family needs and expectations. A family's satisfaction is related to their perception of services and supports rendered, expectations of that service and support, and expectations for the future. Service coordinators and organizations review opinions from families regarding satisfaction with services and the organization's performance. Satisfaction surveys, telephone interviews, personal interviews or third party reviews provide feedback from individuals receiving services.

Making changes in services and supports in response to family dissatisfaction may not be possible in some instances. In that case, the family is informed of future plans for change. A response that is satisfactory to the family outlines how changes will be made over time.

Typically, dissatisfaction results from a gap between expectations and service performance. Families need to examine both their own expectations and the performance of the service organization. Organizations can alter services or supports when the family is dissatisfied with the lack of outcomes or the process for achieving outcomes. The provision of other options results from examination of past patterns of service/support, the cause of dissatisfaction, and the range of satisfactory and realistic options.

Many families become so close to their early intervention service coordinators and other service providers that they find it difficult to mention any problems with services. Since families often report that the early intervention staff become "like a member of the family," they are uncomfortable discussing dissatisfaction with services.

Organizations can use indirect methods for soliciting feedback on service performance. For example, committees, composed of individuals receiving services - currently and in the past, and other interested community members gather satisfaction information and assist the organization in quality improvement.

Staff reactions to expressions of dissatisfaction must be positive. Families should not be given any reason to think that the organization's system for gathering information on satisfaction with services will lead to punitive action.

Families are satisfied with their life situations

Early intervention organizations are concerned about the family's satisfaction with their own life situations. Discussions about the family's overall satisfaction with their life situation can provide important insights to guide interventions. Of course, early intervention cannot solve all of a family's problems, but they can increase satisfaction with current life situations and the family's prospects for its own future.

Most families are not satisfied with all the circumstances in their lives. They can make change in two ways. The first is to change their own values and expectations. Service/support organizations can assist families in examining their values and expectations and establishing more realistic outcomes. The second approach is for organizations to assist families to devise strategies to accomplish challenging, yet realistic outcomes. This examination and strategizing can be done within the context of a service plan or it can be accomplished informally with natural supports.

Application of the Outcome Measures for Families and Children

The *Outcome Measures for Early Childhood Intervention Services* are designed to determine the presence of outcomes for families and children as a result of services and supports. They can be used by organizations for education and self assessment. These measures also form the basis of an independent quality review process developed and conducted by The Accreditation Council.

Visits and Interviews

Organizational self assessment and independent quality reviews are grounded in visits and interviews with families receiving services and supports. The organization conducting the self assessment or participating in an independent quality review identifies a group of families and children who are representative of those receiving supports and services.

During on-site visits review teams visit, interview and observe (as appropriate) families for whom the measures will be applied. Review teams also interview staff and/or others designated by families as knowing them best. These directed interviews and observations enable review teams to gather information to determine whether the outcomes are present.

The *Outcome Measures* and the questions that follow them are designed to obtain information from families, staff, and others who know the family best. Adaptations and accommodations are made for those who have means of communication that differ from the interviewers.

The organization explains the purpose of the visits and interviews and obtains the family's informed consent to participate in the self assessment or independent quality review process. Prior to the visits and interviews, the organization identifies the family's preferred communication mode, preferences for location of the interview, and whether or not they wish other persons to participate in the interview. Interviews with the families are followed by interviews with staff or anyone else the family indicates could provide follow-up information, observations (as appropriate), and, when necessary, record reviews to verify information.

Information Collection and Decision Making

Each of the twenty-one "Outcomes for Families and Children" will be applied for a representative sampling of families and children receiving supports and services from the organization. All of the Outcome Questions will be asked of each family in the sample.

These *Outcome Measures* have been designed to determine whether outcomes are present for families and children receiving early childhood intervention services. The first step in the decision making process is to record information gathered in response to the questions on the Outcome Information Gathering page in this document.

The second step is to answer the questions found on the Outcome Decision Making page to determine whether the outcome is present.

The OUTCOME measurement questions ask:

Is the outcome present?

An organization process question then asks about the individualized supports and services the organization has provided to enable the child and family to reach the outcome.

The ORGANIZATIONAL PROCESS question is:

Has the organization designed and initiated a process that enables (or will enable) the child and family to achieve the outcome?

If the answer is yes, what is the organizational process?

For each of the twenty-one *Outcome Measures* there are both outcome questions and individualized organizational process questions.

The application of the "Outcomes for Families and Children" focuses first on outcomes. After the outcome question is answered, the inquiry shifts to the individualized organizational process that contributed to the outcome. The individualized organization process is not a policy, procedure, or program. In contrast, the individualized organizational process is the specific application of the policy, procedure or program to enable the family and child to achieve outcomes.

The optimal response is the presence of both an outcome and an individualized organizational process. Outcomes are present and the organization has tailored its services and supports to assist the family/child to achieve the outcome.

In other instances, the outcome will not be present, but an identifiable organizational process is assisting the person to achieve the outcome. The Accreditation Council recognizes that achieving outcomes for families and children may be more difficult than complying with processes. For this reason, the review process is designed to allow The Accreditation Council to acknowledge effort on the part of organizations to achieve outcomes, even when they are not yet totally successful.

Finally, there will be some instances where families and children achieve outcomes even when there are no individualized organizational processes designed to assist the person to achieve an outcome. This can signal that a family or child no longer needs significant supports or services. In contrast, the achievement of outcomes without organizational support may indicate particularly strong individual family efforts and/or the presence of an informal support network.

Feedback Through the Outcome Measures for Early Childhood Intervention Services

Self assessment or independent quality reviews will provide timely and relevant information to an organization. The feedback will indicate the extent to which outcomes are present in the lives of families and children.

In addition, the feedback will identify those families and children who are achieving relatively few outcomes or for whom there are fewer organizational processes in place. Because the feedback focuses on individual families and children, organizations demonstrate a sense of urgency as they begin to solve problems and remove barriers to outcomes for consumers. The focus on outcomes for families and children rather than organizational process and policy adds energy and resolve to the follow-up process.

Finally, the information can be formatted by outcome. This information identifies the outcomes that are most often and least often achieved by consumers. The organization can then identify the individualized organizational processes that contribute most frequently to the achievement of outcomes. Those successful individualized organizational processes can then, perhaps, be adapted to other outcomes and consumers.

Section Two: Outcomes for Families and Children

Choice

1. Families are informed.
2. Families choose services and supports.

Goals

3. Families choose their goals.
4. Families choose child developmental goals.
5. Families attain their goals.
6. Children attain developmental milestones.

Rights

7. Families exercise their rights.
8. Children are free from abuse and neglect.

Respect

9. Families are respected.
10. Families decide when to share personal information.

Health and Safety

11. Children have the best possible health.
12. Children are safe.

Relationships

13. Families remain together.
14. Children spend time in natural environments.
15. Children develop relationships.
16. Families remain connected to natural supports.
17. Families are a part of their communities.

Security

18. Families have economic resources.
19. Families experience continuity and security.

Satisfaction

20. Families are satisfied with their services.
21. Families are satisfied with their life situations.

1. Families are informed

Values

- *A family's need for information is met in a timely, comprehensive manner.*
- *Assessment information provides answers to a family's questions about the child's developmental situation.*

Families have information to make choices and decisions. Early intervention practitioners assess the child's skills and capabilities and assist families to identify their own strengths and needs. Family members provide important and detailed information about the child. The goals and concerns of the family drive the assessment process and provide the basis for the information exchange with the early intervention practitioner. Assessment information is communicated in easily understood language.

Families are given information about available community resources. Resource guides, hand-outs, video and audio tapes, pamphlets, books, materials about other early intervention providers and their specializations and information about support groups and networks are provided as needed.

Information about therapies, respite care, social welfare information, assistive technology, and advocacy are also given to families. Libraries containing information about particular delays or disabilities are accessible to parents.

1. *Families are informed*

The following is intended as a guide for gathering information from the family and other sources in order to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family

During the interview with the family, ask them to recount their experiences with the assessment process.

Suggested Questions for the Family:

- Did your child receive the assessments/evaluations you wanted?
- Did you understand the purpose and/or need for each assessment?
- Did anyone explain your role in the assessment process?
- Was assessment information communicated in understandable terms?
- Were there any unanswered questions after assessments were conducted?
- Did you receive information about other resources/services in your community?
- Is there anything you wish you had more information about?
- Do staff ask you about your ongoing needs for information?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to get clarification about the assessment process and to identify what needs for information the family might have.

Suggested Questions for staff or others who know the family best:

- What assessment tools/protocols were chosen? Why?
- How was the family involved in the assessment process?
- Were assessment results communicated in a clear, understandable fashion?
- Is there an on-going assessment of the family's needs for additional information?
- Did the family receive information about all possible service options?
- Are families told about other sources of information available to them?

Check the family's/child's record or other program documentation:

Look at assessment/evaluation summaries from various sources. Make sure the evaluations were conducted in a timely manner and that assessment results were communicated in an understandable manner.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

1. Families are informed

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff and others, and a review of the record if needed, please answer the following questions about the provision of needed information to the family:

Outcome Questions:

1.1 Were assessments conducted within a period of time that enabled the family to make decisions and initiate action?

1.2 Was the family provided readily understood assessment information about their child's development?

1.3 Were the family's other needs for information met?

1.4 If the answers to 1.1, 1.2 and 1.3 are yes, *the Outcome is present.*

Organizational Process Questions:

1.A Has the organization designed and initiated a process that ensures that the family has the information they need?

1.B If the answer is yes, what is that process?

2. *Families choose services and supports*

Families choose services and supports. Services are convenient for families and are not dictated by organizations. Services and supports are customized for each family and child. Families and children are not assigned to available openings when the services are not individualized for them.

Family preferences guide service provision. Service scheduling and provision are not dictated by transportation arrangements or staff scheduling. Services are designed and provided based on family and child needs, not on organizational convenience.

The service system promotes ease of access to coordinated services and supports. Service initiation is streamlined and convenient for families. Single point of entry systems eliminate confusion and duplication in service initiation.

Services are initiated in a reasonable time frame. Inclusion on a waiting list is no substitute for services and supports.

Values

- ▼ *Families make decisions about the manner in which services are delivered.*
- ▼ *Families access services and supports quickly and easily.*
- ▼ *Early intervention services are driven by family choice rather than the structure, schedule or staffing of the service providers.*

2. Families choose services and supports

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them to indicate how their services are organized in terms of scheduling, intensity, duration, etc. Ask if the organization supported their choices.

Suggested Questions for the Family:

- What services do you receive?
- How were these services selected?
- Did you determine the schedule for your services? Appointment times, scheduling sessions, etc.?
- Did you determine how much of each service you would receive?
- Did you determine the type of service you receive (such as home-based, center-based or community based models)?
- Do you wish your services were provided in a different manner? If so, how do you wish they were delivered?
- Are there services that you don't receive that you wish you received?
- What kind of referral did you need to initiate early intervention services?
- Do staff ask you if there are any other additional services you might like?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to find out how services are arranged and scheduled.

Suggested Questions for staff or others who know the family best:

- What processes are used to determine the types of services desired by the family?
- Was the family on a waiting list? If so, for how long?
- Is there a process for maintaining contact with families while they wait for services?
- How was the schedule for services determined?
- Who determined the duration, intensity and amount of services to be provided to the family?
- If the family did not make these choices, who did? What prevented the family from making these decisions?
- If the family did not make these choices, are there processes in place to provide the family with more flexible options in the future?

Check the family's/child's record or other program documentation:

Examine the family needs assessment information and service plan to clarify that the family's preferences and choices were respected, if there is any uncertainty or confusion after the interviews.

Observe interactions and environments:

If further verification is needed, spend time with the family when services are being provided to observe their comfort and satisfaction with the services.

2. *Families choose services and supports*

Based on the information gathered from meeting and talking with the family, interviews with others who know the family best, review of the record if needed, and observations of an early intervention session if needed, please answer the following questions about the family's choices in services and supports:

Outcome Questions:

2.1 Was the family able to easily access needed services and supports?

2.2 Was the family given information about additional services and supports?

2.3 Did the family decide how their services and supports would be provided?

2.4 If the answers to 2.1, 2.2 and 2.3 are yes, *the Outcome is present.*

Organizational Process Questions:

2.A Has the organization designed and initiated a process that will allow the family to direct their services and supports?

2.B If waiting lists exist, has the organization designed and initiated a process to eliminate delays in service initiation? If the answer is yes, what is that process?

2.C If the paperwork requirements for initiating services are barriers for families, is the organization streamlining the referral and application process? If the answer is yes, what is being done?

2.D Does the organization know if these processes are effective and satisfactory to the family? If the answer is yes, what is that process?

Additional Considerations:

- If there are no options available to the family, then *the Outcome is not present.*
- If the organization's practices are the sole determining factor in how services are delivered, then *the Outcome is not present.*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

3. *Families choose their goals*

Values

- ▼ *Early intervention providers assist families in identifying goals that are important to them.*
- ▼ *Services assist families in identifying goals.*

Family goals reflect desires for the future. They guide family growth and development. Goals provide families with motivation and direction. Goals can be formal statements of what a family wants to do or accomplish in the years ahead. Goals can also reflect the family's informal expectations and hopes for the future in areas such as family education, work, leisure, relationships, travel and making important transitions.

In providing family-centered early intervention services, professionals pay particular attention to family goals. Since the family is the context of a child's development, helping families attain their goals is a part of an holistic approach to early childhood intervention.

Early intervention programs develop approaches to family needs assessment to discover what needs for information, support, training or referral for services families might desire. An individualized family needs assessment approach is utilized to help families identify their goals. Services and supports are designed to facilitate family goals.

Family needs assessment is an on-going, dynamic process that takes place during each contact with the family. Informal discussion often yields important information about family goals which can be incorporated within the family's plan or addressed on an informal basis.

3. *Families choose their goals*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family

During the interview with the family, ask them to recount their experiences with the identification of family goals. This may have occurred during informal discussions with staff or at a planning meeting.

Suggested Questions for the Family:

- Is there anything you hope your family learns or achieves while you receive early intervention services?
- Is there anything you would like to change about your family life?
- What assistance would you need to make these things happen?
- Do you have any family goals you would like to accomplish?
- Have these been discussed with staff?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family to get clarification about identifying family goals.

Suggested Questions for staff and others who know the family best:

- What process was used to solicit information from the family about its goals?
- How does the early intervention program inform families about the family centered approach to early intervention?
- What approach does the organization use for family needs assessment?
- What are the family's goals?
- Were they incorporated within the planning process? If so, how?

Check the family's/child's record or other program documentation:

Look at the plan to see if any family goals were identified. Are they the same as those articulated by the family during the interview? Are they the same as those reported by staff or others who know the family best? Is there a formal family needs assessment or are there notes providing an overview of informal discussions regarding family goals?

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

3. *Families choose their goals*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others, and a review of the record if needed, please answer the following questions about the family's goals:

Outcome Questions:

3.1 Did the family choose goals for themselves?

3.2 Are these goals supported by the coordination of services and supports for the family?

3.3 If the answers to 3.1 and 3.2 are yes, *the Outcome is present.*

3.4 If the answer to 3.1 is no but the family could not identify any goals, the *Outcome is present.*

Organizational Process Questions:

3.A Has the organization designed and initiated a process that helps the family identify goals?

3.B If the answer is yes, what is that process?

Additional Considerations:

- Family goals are not necessarily the same as desired outcomes for the child's development.
- If the services and supports provided to the family are not focused on the pursuit of their goals, then the *Outcome is not present.*
- If families desire only child-development related services and do not wish to identify family goals, then the *Outcome is present.*

4. *Families Choose Child Developmental Goals*

With assessment information and support, families determine appropriate goals for their child's developmental progress. They identify the developmental goals they would like their child to achieve. Although staff provide information about child development issues, the ultimate decisions regarding goal development rest with the family.

The identification of appropriate developmental goals focuses attention on teaching skills and providing supports. All services and supports are directed toward supporting family goals and child development goals. The plan developed for the child and family states goals in identifiable, measurable outcomes easily understood by all team members. Parents and other team members understand the goals.

Values

- ▼ *Families receive support to identify important developmental goals for their child.*
- ▼ *Goal development is a collaborative process between families and early intervention practitioners.*
- ▼ *Identified goals are described in measurable outcome statements that are fully understood by all.*

4. *Families Choose Child Developmental Goals*

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family

During the interview with the family ask them to recount their experiences with the process used to identify the child's developmental goals.

Suggested Questions for the Family:

- Are there specific skills you hope your child learns during the next year or so?
- What goals do you have for your child?
- What assistance does your child need to learn these things?
- Do staff ask you what skills you would like your child to learn?
- Do the staff listen to your concerns about your child's development?
- Are the goals in the plan your goals for your child or the staff's goals?
- Were there any additional people you would like to have had as participants in the planning process when developmental goals for your child were identified?

Interview staff or others who know the family best:

Plan follow-up discussions with others who know the family best to get clarification about the identification of goals relating to the child's development.

Suggested Questions for staff or others who know the family best:

- Who chose the child's developmental goals?
- What process is used to ensure that families choose the child's developmental goals?
- Was there any controversy/conflict during the goal identification process? If so, how was it resolved?
- Did anyone ask the family if they would like additional people involved in the planning process? If they chose to include someone else, was this choice honored?

Check the family's/child's record or other program documentation:

Look at the plan to see whether goal statements are written as developmental outcomes that are both measurable and readily understood. If a planning meeting took place, do minutes reflect any discussion regarding goal development? Does it appear that the family chose the child's developmental goals or do they appear to be staff goals?

4. *Families Choose Child Developmental Goals*

Based on the information gathered from meeting and talking with the family, interviews with staff or others, and a review of the record if needed, please answer the following questions about the child's developmental goals:

Outcome Questions:

4.1 Did the family choose the child's developmental goals?

4.2 Are these goals the basis for the provision and coordination of services and supports for the family and child?

4.3 If the answers to 4.1 and 4.2 are yes, *the Outcome is present.*

Organizational Process Questions:

4.A Has the organization designed and initiated a process that has enabled (or will enable) the family to choose the child's developmental goals?

4.B If the answer is yes, what is that process?

Additional Considerations:

- If the family's needs/wants regarding their child's developmental goals have not been actively solicited, then *the Outcome is not present.*
- If the services and supports provided to the family and child do not focus on the attainment of identified developmental goals, then *the Outcome is not present.*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

5. *Families attain their goals*

Values

- ▼ *Services and supports are organized and coordinated in a manner which assists families to attain their goals.*
- ▼ *Service coordination and provision encourages families to be independent and self-sufficient.*

Family needs assessment identifies the family's strengths. Early intervention services and supports assist families to attain their goals. Services and supports empower families to become increasingly independent from formal intervention services.

Families are responsible for parts of their service plan and are supported to complete those responsibilities. This participation also engenders a true partnership between service providers and the family.

Strong coordination of services assists families in attaining their goals. In many instances, support for the attainment of family goals requires that they be linked to other resources.

Service coordinators assist families in accessing needed information and refer them to those sources. Over time, emphasis is placed on families coordinating aspects of their own services, fostering an expanded role for them in service coordination.

5. *Families attain their goals*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them to indicate which family goals they have accomplished and how the organization may have supported the attainment of these goals.

Suggested Questions for the Family:

- Has your family accomplished any goals since you began receiving services?
- Which changes have pleased you most?
- If you haven't attained any personal goals, what has prevented you from doing so?
- What assistance or support do you think you need to attain your family goals?

Interview staff or others who know the family best:

Plan follow-up discussions with staff and others who know the family best to find out if the family has attained any goals.

Suggested Questions for staff or others who know the family best:

- What goals has the family achieved?
- If goals have not been achieved, why not?
- How are you assisting the family to overcome barriers to goal attainment?

Check the family's/child's record or other program documentation:

If information shared about family goals during discussions is confusing or if the family expresses concern about lack of change, look at the family needs assessment information and the service plan for clarification. Progress notes or documentation made by the service coordinator may indicate what has happened to support family goal attainment.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

5. *Families attain their goals*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best and a review of the record if needed, please answer the following questions about the family's attainment of goals:

Outcome Questions:

5.1 Has the family attained any goals within their designated time frame?

5.2 If the answer to 5.1 is yes, *the Outcome is present.*

Organizational Process Questions:

5.A Has the organization designed and initiated a process that has (or will) enable the family to attain their goals?

5.B If the answer is yes, what is that process?

Additional Considerations:

- Family goals differ from child development goals. Family goals address those needs that relate to the parents or the entire family.

6. Children attain developmental milestones

Early intervention services and supports assist children to attain development milestones. Parents are partners in choosing teaching strategies. Teaching strategies and therapies are tailored to the child's own unique situation. Since play is the learning modality of children, it should be the primary method for teaching any new skill. Play is the preferred context for teaching children new skills and abilities. The importance of same-aged peer interactions is stressed. Interaction with and modeling by children without disabilities is maximized.

Opportunities for teaching or therapy are found throughout the course of the child's day. Staff assist parents in identifying those times within the normal routine of the family and child's day when the teaching of developmental skills can be reinforced. Staff identify those supports the family needs to teach skills during daily life situations and routines (for example—instructional aids, modeling of techniques, handouts, materials, developmental toys, adaptive equipment, checklists, audio and video tapes).

Parents and early intervention providers also address developmental milestones through more formalized processes. Medical, psychological, and other assessments provide information in such important areas as language development, toilet training and sleep patterns. Although teaching and support may be more formal than other play activities, they can be incorporated into the normal routines of the child's daily activities.

Early intervention programs provide services in a variety of environments, including the home and other environments in which young children typically spend time.

Special supports often increase functional capabilities for children even in the absence of skill acquisition. For example, assistive technology and environmental alterations can enable them to increase function without necessarily acquiring new skills.

Values

- *Achieving developmental milestones at an early age provides children with foundational competencies that can be used throughout their lives.*
- *When children attain important developmental milestones, they and their families develop a sense of accomplishment and hope about the future.*
- *Supports and training are provided to target skills and learning experiences that will facilitate children's attainment of important developmental milestones.*
- *Children interact with same-aged peers in a variety of environments in which young children typically participate.*

6. Children attain developmental milestones

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them to indicate which developmental milestones the child has attained and when she/he attained them. Ask how the organization supported the attainment of these developmental milestones.

Suggested Questions for the Family:

- What developmental skills has your child attained since service initiation?
- Are you satisfied with your child's progress?
- Are there skills you hoped she/he would have achieved but hasn't?
- If so, what do you think is preventing her/him from attaining these skills?
- What do you think should be done to assist your child in learning these skills?
- Does your child have the opportunity to participate with other children who do not have disabilities?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to find out if the child has attained any important developmental milestones.

Suggested Questions for staff or others who know the family best:

- What developmental milestones has the child achieved?
- If any have not been achieved, why not?
- How are you assisting the child and family to overcome barriers to the attainment of developmental milestones?

Observe interactions and environment:

Observe interactions between early intervention staff and the child/family to determine how skill development is approached. Note whether the family is given information about teaching/reinforcing the skill in typical settings/contexts during the day.

Check the child's record or other program documentation:

If information shared about the child's achievement of developmental milestones is confusing or if the family expresses concern about the lack of change, look at the plan and assessment information clarification. Of particular note is whether the family's concerns are acknowledged by staff and how they are being addressed.

6. *Children attain developmental milestones*

Based on the information gathered from meeting and talking with the family, interviews with others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the child's attainment of developmental milestones:

Outcome Questions:

6.1 Has the child attained any developmental milestones?

6.2 If the answer to 6.1 is yes, *the Outcome is present.*

Organizational Process Questions:

6.A Has the organization designed and initiated a process that has enabled (or will enable) the child to attain developmental milestones?

6.B If the answer is yes, what is that process?

Additional Considerations:

- Developmental milestones are those skills typically recognized as important in a child's early development — skills such as rolling over, sitting up, babbling, saying words, holding a bottle, feeding oneself, crawling, walking, bonding with members of one's family, socializing with other children, etc.
- Developmental milestones are outcomes that have a longer time frame for completion than behavioral objectives. Achieving a number of behavioral objectives or learning prerequisite skills may enable a child to attain developmental goals.
- Developmental milestones should have some significance for the child's family and be seen as major accomplishments for the child.

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

7. Families exercise their rights

Values

- *Families have information and other assistance to support them in actively exercising their rights.*
- *Families are provided due process when they have a complaint or grievance.*
- *Families advocate for their children and for themselves.*

Families receiving early intervention services have legal rights and are encouraged to actively exercise those rights. Families are informed of their rights in writing and are given verbal explanations of their rights. Information is provided when services are initiated and at regular intervals after that to ensure that families understand all of their rights. This information is communicated clearly and concisely to families in their primary language.

Early intervention organizations and professionals encourage families to exercise rights and inform them of their rights whenever additional services/supports are initiated and as transitions to other types of services are made.

Early intervention service providers have due process mechanisms in place to ensure a fair hearing of any concern. Due process procedures are carefully explained to families so that they know whom to contact if they have a complaint or if they feel their rights have been abridged.

Families are also provided information about self- advocacy and are linked to organizations that advocate on behalf of children with developmental disabilities or delays. Quite often, families are interested in working in collaboration with other parents who share their concerns in an effort to change governmental policy and other aspects of service provision. Early intervention professionals connect families with these resources and encourage self-advocacy efforts.

7. *Families exercise their rights*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them to indicate whether they have been informed of their rights. Ask if they have any concerns about their rights now, or if they have any concerns about rights issues as they look forward to any future transitions or changes in services.

Suggested Questions for the Family:

- Do you know what rights you have?
- Has anyone informed you of your rights?
- Have you had any difficulty in exercising your rights?
- Has anyone tried to limit your rights in any way?
- Have staff informed you of an appeals process or grievance procedure available to you if you have a complaint?
- Have you had any complaints that have required due process resolution?
- Do you think you could resolve issues with staff before accessing the due process provisions?
- Has anyone told you about parent groups or other organizations that address self-advocacy issues for families of children with developmental concerns? Are you interested in being a part of any of those groups?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to find out if efforts have been made to help families actively exercise their rights as consumers of services.

Suggested Questions for staff or others who know the family best:

- What information about rights is provided to families?
- When and how is this information provided?
- Does the information explain how families can actively exercise their rights?
- Are families provided information about a complaint or grievance process? What is that process?
- Are families provided information and support for involvement in self-advocacy efforts?

Observe interactions and environment:

Observe interactions between early intervention staff and child/family to see if any rights are violated or abridged during service provision.

Check the child's record or other program documentation:

If information shared about rights issues and the exercise of rights is confusing or if the family expresses concern about their rights, look in the record to see if there is documentation of rights information and any review/explanation of this information.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

7. *Families exercise their rights*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the family exercising their rights:

Outcome Questions:

7.1 Does the family know and understand their rights and how they can be exercised?

7.2 Have any of their rights been violated?

7.3 Does the family have information about the organization's complaint or grievance procedure?

7.4 Has the family had any complaints or grievances that have not been resolved?

7.5 Is the family involved in any self-advocacy efforts? If not, is this due to their choice or because of a lack of information about such organizations/groups?

7.6 If the answers to 7.1, 7.3, and 7.5 are yes, *the Outcome is present.*

7.7 If the answers to 7.2 or 7.4 are yes, *the Outcome is not present.*

Organizational Process Questions:

7.A Has the organization designed and initiated a process that has enabled (or will enable) families to fully exercise their rights?

7.B If the answer is yes, what is that process?

Additional Considerations:

- Rights information should be readily understood by consumers. If information presented to families about rights is unclear to families, *the Outcome is not present.*
- If families cannot remember their rights, then the organization should be providing this information more frequently and *the Outcome is not present.*

8. Children are free from abuse and neglect

Dignity and respect requires that children are free from abuse and neglect from any source. Actions and practices that may constitute abuse and neglect are functionally defined and understood by all staff and families receiving services. *Abuse* includes verbal, physical, sexual and psychological aspects. *Neglect* occurs in areas such as lack of basic sustenance (food, clothing, shelter, changing diapers, etc.), failure to provide needed services and failure to provide or maintain necessary equipment or other material supports.

The organization defines and expressly prohibits abuse and neglect. The organization implements policies and procedures for initiating intervention and investigation in all cases of neglect or abuse alleged to be perpetrated by anyone, including staff, the family, other care givers, other children or members of the community.

The organization develops strategies for preventing all possible forms of child abuse and neglect. This includes staff screenings, training and education for staff on methods of reporting abuse and neglect, information and education for families about child abuse, training for families on methods of impulse and anger control, and information for staff and families about the detection and recognition of all forms of abuse and neglect.

If abuse and/or neglect of a child is suspected, the organization and its staff take immediate action, reporting the suspicion or allegation to the proper investigative officials. Investigations are immediately initiated and swiftly completed. Sanctions are imposed in accordance with organizational policy if staff commit acts of abuse or neglect.

Values

- *Children have physical and psychological freedom from all forms of abuse and neglect.*
- *All allegations of abuse and neglect are addressed.*

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8. Children are free from abuse and neglect

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them to indicate whether they have reason to believe that the child has been abused or neglected. Ask if they have concerns about the way staff or others treat the child.

Suggested Questions for the Family:

- Do you have any complaints about how your child has been treated by anyone affiliated with the program?
- If so, to whom did you report those complaints? What was done about your complaints?
- If you haven't had any complaints, to whom would you report complaints if you needed to?
- Do you have any complaints about how your child has been treated by anyone else?

Observe interactions and environment:

Observe interactions between early intervention staff and the child to determine if interactions are positive and appropriate.

Interview staff or others who know the family best:

Plan follow-up discussions with people who know the family best to find out if there is reason to believe the child has been abused or neglected and if so, what steps have been taken to remedy the situation.

Suggested Questions for staff or others who know the family best:

- Has the family reported any concerns about how the child has been treated by anyone associated with the program?
- Do you have any reason to believe that the child has been abused or neglected by anyone?
- If so, what reports and investigations have been made?
- Do you believe that the child is at-risk for abuse or neglect?
- If so, what proactive measures have been initiated to prevent that from happening?

Check the child's record or other program documentation:

If information shared about abuse and neglect relating to the child is confusing, look in the record to see if there is documentation of information relating to abuse and neglect. Ask to examine any reports and/or investigations of abuse and neglect relating to the child.

8. Children are free from abuse and neglect

Based on the information gathered from meeting and talking with the family, interviews with the people who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about abuse and neglect:

Outcome Questions:

8.1 Have there been any allegations of abuse or neglect related to the child?

8.2 If there were no allegations of abuse and neglect, the Outcome is present.

8.3 If there have been allegations of abuse and neglect, were they reported and investigated according to the organization's policy and procedures?

8.4 Were the allegations found not true?

8.5 If the answers 8.3 and to 8.4 are yes, *the Outcome is present.*

8.6 If the answers to 8.3 and 8.4 are no, *the Outcome is not present.*

Organizational Process Questions:

8.A Has the organization designed and initiated a process that has enabled (or will enable) the child or others involved to recognize abuse and neglect and to understand the reporting procedures?

8.B If the answer is yes, what is that process?

Outcome Decision Making

- *Is the outcome present?*
- *Is there a process?*
- *What are the barriers?*

9. Families are respected

Values

- *Children with developmental delays and disabilities are spoken of as children first.*
- *The behavior of staff reflects sensitivity to the needs of families for privacy and dignity.*
- *Confidentiality and normal sensibility are exercised when speaking about people.*
- *The diversity of family experience is respected in all manners of interaction with families.*

Families and children are treated with respect and dignity. Everything we do, say and provide to families and children makes a statement about their importance.

Early intervention staff demonstrate respect by using "child first" language when describing children and their developmental delays/disabilities. Staff also use respectful tones of voice when speaking to both adult family members and children.

Early intervention professionals respect a family's culture, religious affiliation and beliefs, sexual orientation, ethnicity, and other possible differences. Staff do not impose their beliefs and values on the family, but are respectful of diversity. Translation services are provided if a family speaks a language other than the prevailing language spoken by staff. Early intervention professionals are careful to gauge the technical terminology they use so that they neither talk "over the heads" of family members nor "talk down" to them.

When providing services within the family home, staff respect the family's home, space and composition. Staff who make home visits learn what practices the family would like them to observe on home visits.

Organizations providing center-based services are careful that environments do not stigmatize families and children in any way. Environments positively represent children and families and are clean and comfortable.

9. *Families are respected*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family and child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about their interactions and relationships with early interventionists.

Suggested Questions for the Family:

- Do you feel that staff respect you? Have they ever treated you in a disrespectful manner?
- Do they treat your child with respect?
- Do they respect your family situation?
- Do staff listen to your comments and concerns?
- Do they ask for your opinion and input? Do you think they value your input?
- Does anything they do or say make you uncomfortable?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- Does the family seem comfortable with the services they receive and with their interactions with staff?
- If not, what has been done to make them more comfortable?

Observe interactions and environment:

Observe interactions between early intervention staff and the child to determine if interactions are positive and appropriate.

Check the child's record or other program documentation:

As other records such as assessments, service plans and staff notes are reviewed, note whether the family and child are referenced in respectful and positive terms.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

9. *Families are respected*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with the people who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about respect:

Outcome Questions:

9.1 How are the family and child treated?

9.2 Does this treatment demonstrate respect for them?

9.3 Do all staff interactions and service practices reflect concern for the family's opinions, feelings and preferences?

9.4 If the answers to 9.2 and 9.3 are yes, *the Outcome is present.*

Organizational Process Questions:

9.A Has the organization designed and initiated a process that emphasizes respect for families that is readily understood by both staff and families?

9.B If the answer is yes, what is that process?

10. *Families decide when to share personal information*

Information about families and their children is not shared with others or made public without their direct consent. Even with permission, service and support organizations provide only the information relevant to services or supports for the family and/or child.

Early intervention professionals are careful not to share information on an informal basis in ways that are not necessary for the provision of services. Verbal sharing of personal information about families and children, even among staff, can cause families discomfort or embarrassment. Families have the option to limit what information is known and shared.

Organizations providing supports and services guard against the sharing of unnecessary information when only specific information is needed and authorized by the family.

Values

- *All information known about the family is confidential.*
- *Only information necessary to provide supports and/or services is requested of the family.*
- *Information in the record is the property of the family.*
- *Access to information about the family is limited to staff who need to know and to others specifically authorized by the family.*

10. *Families decide when to share personal information*

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview, ask the family if they are comfortable with respect for and protection of confidential and personal information.

Suggested Questions for the Family:

- Is your permission requested before information about your family/child is shared with anyone else?
- Are you fully informed about what information is released and to whom?
- Is there any information you would not want shared?
- Can you access your family/child's record when you want to?
- Do you know what information is kept in your child's/family's record?
- Has information ever been shared without your permission?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- What personal information do you request from families when services are provided?
- What information is maintained on record about the child and family?
- Who has access to this information?
- Is consent obtained before information is shared?
- With whom would you share the information?
- Is personal information every publicly posted?

Check the child's/family's record or other program documentation:

Review the record to find any needed consents for the release of information. Determine whether the consents are time-limited and specifically outline with whom information is shared and for what purpose.

10. *Families decide when to share personal information*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the sharing of personal information:

Outcome Questions:

10.1 What personal information is requested and maintained by the organization?

10.2 Who has access to this information?

10.3 Is information shared with others only at the request of, or with the consent of, the family or the child's legal guardian?

10.4 If the answer to 10.3 is yes, *the Outcome is present.*

Organizational Process Questions:

10.A Has the organization designed and initiated a process that emphasizes with staff and families the importance of consent and confidentiality with regard to sharing information?

10.B If the answer is yes, what is that process?

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

11. Children have the best possible health

Values

- *Families access health services for their children.*
- *Best possible health is individually defined, given the unique characteristics of each child.*
- *The definition of best possible health is important to directing and selecting health services.*

Best possible health is determined according to the unique needs of each child. Some children may require medical treatments and most require periodic examinations by health care professionals. Assistance and support is provided to families in carrying out the instructions of health care professionals as needed.

The provision of information and education about health care is part of the ongoing service/support relationship between families and early intervention professionals. Although few early intervention programs have direct responsibility for providing medical care, they provide supports that help ensure that children have the best possible health. Being in the best possible health enables the child to benefit from developmental support services.

A family's decision to decline treatment is viewed as one point in the dialogue about treatment options. Efforts to address the child's health care concerns continue even if preliminary interventions are not agreeable to the family or are not effective.

Early intervention providers assist families in accessing the types of health care services they would like their children to receive. Staff link families with health care providers and assist families in securing resources to cover medical expenses.

Immunizations are particularly important for young children, especially those with complicating medical conditions. Early intervention providers can provide information on immunizations and where they can be obtained. Staff can also provide information about nutrition, diet, lead paint, and adequate heat and ventilation.

Education and support related to the child's health concerns remain available to families even if they do not request it or decline support at any time.

The effectiveness of services in addressing the child's best possible health situation means that the services have maintained the child's health status as planned for by the family and the health care professional. For some children, effectiveness will be a measurement of prevention; for others the measure of effectiveness will be the management of the rate of progression of the condition; while in others it might be the continued stable management of a chronic condition.

11. *Children have the best possible health*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about access to health care, interactions with health care professionals and the effectiveness of treatments.

Suggested Questions for the Family:

- Does your child have any health or physical problems?
- Does your child see a physician or other health care professionals for regular check-ups? If no, why not?
- Have you needed any medical information from staff? Have they provided it?
- Have you had difficulty accessing health care services? Why?
- Has your child needed to see specialists? Were these services available?
- Are there any medications or treatments that your child requires?
- Do you need support in carrying out any aspects of your child's health care?
- Do you have any difficulty following the health care professionals' instructions?
- Do you think the interventions are working? If no, what do you think you will do about it?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- Does the child have specific health concerns?
- How do you know that?
- Does the child see a physician and/or other health professionals for regular check-ups?
- If not, does the family need some additional supports to ensure that the child is seen by necessary health professionals?
- How is the child's health situation defined? Is she/he healthy?
- Is the family following the health care professional's instructions for the child's situation?
- If not, does the family need some additional supports to ensure that these instructions are carried out?
- Do you think the intervention is working?
- If the intervention is not working, what is being done about it?

Check the child's/family's record or other program documentation:

Review assessments, service plans and staff notes to determine if the child has received needed medical services and to define the child's best possible health.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

11. Children have the best possible health

Outcome Decision Making

- *Is the outcome present?*
- *Is there a process?*
- *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the child's medical condition and services:

Outcome Questions:

11.1 Have health care professionals identified the child's best possible health situation, addressing any health care issues or concerns, and interventions?

11.2 Have health intervention services been selected by the family in consultation with health care professionals?

11.3 Has the family been able to access needed health care services for the child?

11.4 If the answer to 11.2 is no, was this due to the family's choice?

11.5 If the answer to 11.2 is yes, has the intervention been effective?

11.6 If the answers to 11.1, 11.2, 11.3 and 11.5 are yes, *the Outcome is present.*

11.7 If the answer to 11.3 is no, *the Outcome is **not** present.*

Organizational Process Questions:

11.A Has the organization designed and initiated a process that provides staff and families with relevant information about health care services and their particular situations so that best possible health can be realized for the child?

11.B If the answer is yes, what is that process?

11.C Has the organization designed and initiated a process that helps the family overcome any barriers to accessing needed health care services for the child?

11.D If the answer is yes, what is that process?

12. Children are safe

Children spend their time in environments that meet typical safety expectations, whether those environments are at home, at an early intervention program or elsewhere. Environments maintained by early intervention service providers where children come for services meet all necessary federal, provincial/state or local standards related to health, cleanliness and safety. These physical facilities are in compliance with all requirements of state/provincial and local fire, health, and environmental health authorities. Provisions for handling and securing toxic materials are in place. Plans for effectively meeting emergencies, including an evacuation plan that is regularly rehearsed, are developed in settings operated by service provider organizations.

Although organizations that provide home-based services do not exercise control over the family's home, they provide valuable resources to the family about safety concerns.

During home visits, staff are aware of potential safety issues and provide suggestions for remedying any observed problems. Early interventionists are in a good position to alert the family to specific hazards and risks the child may encounter due to his or her unique abilities and challenges.

Staff can also assist families to re-assess safety issues as the functional abilities of children change over time. Increase or decrease in functional abilities requires corresponding changes in environmental supports. This concern for safety can reduce accidental injuries which are the number one cause of death in children under the age of five.

If families live in unsafe neighborhoods or have substandard housing, they are referred to agencies that will assist them to find adequate housing in safe neighborhoods.

Values

- *Children spend their time in environments that are safe.*
- *Supports and information assist families in maintaining and selecting safe environments and situations for their children.*

12. *Children are safe*

Outcome Information Gathering

- *Interview the family*
- *Follow up with staff and others*
- *Observe interactions and environments*
- *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about any safety concerns the family might have, at home or in settings operated by the organization.

Suggested Questions for the Family:

- Are there any safety risks you are concerned about for your child?
- Do you feel safe where you live? Is your child safe where you live?
- Do you need any information about emergency situations such as First Aid training, CPR, etc.?
- Do staff ever provide you with safety information about the use of car seats, cribs, stairway gates, outlet covers, and special equipment.? Do you think that information would be helpful?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- If you operate a setting where children come for services on a regular basis, how do you ensure that the environments are safe?
- What do you do to ensure that other places where the child spends her/his time are safe?
- Has the family needed information or support to maintain safe environments for the child?
- What supports, education, information have you provided to the family about typical child-related safety concerns?

Observe environments:

Observe to see that environments maintained by the organization are clean and safe.

Check the child's/family's record or other program documentation:

Examine any records of safety inspections, fire drills or other evacuation drills, or other safety-related documentation. Review any safety-related materials that have been provided to families.

12. *Children are safe*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the child's safety:

Outcome Questions:

12.1 Does the child spend time in environments that are safe?

12.2 Does the family know how to respond in the event of an emergency?

12.3 If the answers to 12.1 and 12.2 are yes, *the Outcome is present.*

Organizational Process Questions:

12.A Has the organization designed and initiated a process that identifies safety issues and responds to them?

12.B If the answer is yes, what is that process?

Outcome Decision Making

- *Is the outcome present?*
- *Is there a process?*
- *What are the barriers?*

13. *Families remain together*

Values

- *Families receive support to ensure that their children can be raised within the natural family home.*
- *Families receive the support they need to ensure that they remain together.*

Early intervention provides supports to families to avoid the placement of children outside the family home. An array of individualized services and supports are available to families so they need not request that others care for their child outside the home on a long-term basis. Adequate services are provided to reduce the family's stress so that children remain at home with their natural families.

While early intervention providers are generally not trained counselors, effective family needs assessment will reveal problems that could lead to family dissolution. Resources are organized in ways that alleviate stress for families.

Couples who experience conflicts within their relationships and/or other distress are connected to resources to assist them in resolving their problems — spiritual guides and clergy, counselors, tribal or clan elders/leaders, support networks and groups, family therapists, and other resources.

Single parents also face considerable stress in raising a child with developmental concerns. Attention is given to ensure that they have extensive natural support networks and that they are linked to resources that will assist them with any emotional issues they experience.

13. *Families remain together*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about any family stresses they have experienced.

Suggested Questions for the Family:

- Have your child's delays/disabilities placed considerable stress on your relationships with your other children or significant other?
- Do you think you will be able to keep your child at home?
- What supports do you think you need to make sure your child stays within your family home?
- If your family is not together, are there plans for reuniting the family?
- Is there any kind of support you might need to help your family deal with stress?
- Do staff ever ask about these possible stresses?
- If you are a single parent, do staff ask you about additional supports you might need?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- Do you ever ask the family about the stress associated with raising a child with developmental concerns?
- How do you approach the subject?
- How do you know that the family has sufficient support to ensure that the child remains within the family home?
- Do you have any reason to think their marriage/partnership is threatened by these stresses?
- If so, have you offered to connect the family to resources that might assist them? What are those resources?
- If the family has not remained together, was this because of insufficient support?
- If the family is headed by a single parent, how do you know there are sufficient natural support networks or other supports?

Check the child's/family's record or other program documentation:

Examine the child's/family's record to determine what supports they have received.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

13. *Families remain together*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with the people who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the family remaining together:

Outcome Questions:

13.1 Does the family seem to be under considerable stress?

13.2 Are supports offered to help reduce this stress?

13.3 Is the family together?

13.4 If not, is it because sufficient supports have not been provided?

13.5 If the answer to 13.3 is no, is this because, even with sufficient supports, it was in the family's best interest not to remain together?

13.6 If the answer to 13.4 is yes, *the Outcome is not present.*

13.7 If the answer to 13.5 is yes, *the Outcome is present.*

Organizational Process Questions:

13.A Has the organization designed and initiated a process that supports families when the family unit is at-risk for dissolution?

13.B If the answer is yes, what is that process?

Additional Considerations:

- Having a child with a disability/delay may not be a factor in some couples' decision to dissolve their relationships. If that is the case, *the Outcome is present.*

14. Children spend time in natural environments

Children with developmental delays or disabilities spend their time in settings with other children who do not have developmental disabilities. Families make decisions about the natural environments in which their children participate.

Early intervention programs provide support and training in natural settings where children without disabilities are involved in the same activities, such as day care centers, regular preschools, Sunday school classes, etc. Play groups, informal outings, visits with relatives and neighbors, and excursions to the park provide other natural contexts for social inclusion/integration.

Early intervention programs help families understand the importance of their child's interactions with other children in natural settings. Children with and without developmental disabilities learn from one another. They learn about differences and diversity. They also learn that children with and without disabilities can be playmates, schoolmates and friends. All children learn how to interact with people who may have differences.

Community participation provides a family with a sense of belonging. Staff help the child and family fit into the social context and assist them in devising plans to overcome barriers to full community participation.

Values

- *Children with disabilities/developmental delays have the right to access the same environments as any other children.*
- *Children with and without developmental delays/disabilities can learn important things from one another.*
- *Interactions with children without disabilities during the early developmental years is linked to the child's ability to interact in adulthood.*

14. Children spend time in natural environments

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about the opportunities the child has to interact with other children in natural contexts.

Suggested Questions for the Family:

- Does your child spend time with children who do not have developmental delays or disabilities?
- Are you satisfied with the extent of time your child spends with children of her/his own age who do not have disabilities?
- If not, what supports and services are needed to increase your child's experiences with children who do not have delays or disabilities?
- Are typical environments such as preschools, day care centers and play groups available to your child?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- What opportunities does the child have to interact with children who do not have delays/disabilities?
- What is being done to increase the child's opportunities to interact with other children who do not have developmental issues?
- Is the child accepted by her/his peers?
- If not, what is being done to overcome that?
- Have the benefits of interaction with children who do not have disabilities been explained to the family?

Observe interactions and environments:

If possible, spend time with the child in environments where she/he typically spends time to determine if her/his needs for interactions/experiences in typical settings with other children without disabilities are met.

Check the child's/family's record or other program documentation:

Examine the child's/family's record to determine if the child's needs for interactions/experiences in typical settings with other children without disabilities are met.

14. *Children spend time in natural environments*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session and a review of the record if needed, please answer the following questions about where the child spends time:

Outcome Questions:

14.1 Does the child spend time in typical settings with other children who do not have developmental delays/disabilities?

14.2 Is the level of interaction with children without disabilities experienced by the child satisfactory to the family?

14.3 Does the family understand the importance of interactions with typical children in natural environments?

14.4 If the answers to 14.1, 14.2 and 14.3 are yes, *the Outcome is present.*

Organizational Process Questions:

14.A Has the organization designed and initiated a process that provides families information about the benefits of interactions with children in typical settings?

14.B If the answer is yes, what is that process?

14.C Has the organization designed and initiated a process that supports the child's participation in typical settings with children who do not have disabilities?

14.D If the answer is yes, what is that process?

Additional Considerations:

- If the possible benefits of social interactions with typical children have not been explained to families and the child has few opportunities for such experiences, *the Outcome is not present.*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

15. Children develop relationships

Values

- *Relationships provide lifelong supports for children.*
- *The establishment of social relationships is an essential part of life for children.*
- *The organization assists children in developing socialization skills and optimizes children's opportunities to form friendships and other relationships.*

Relationships bring variety and richness to children's lives. They provide love, acceptance, validation, support, companionship and emotional closeness.

Children typically begin to develop socialization skills at a very early age. The first relationships formed are with primary care givers and siblings. Over time, other relationships are developed with extended family and other children. A child's social relationship sphere typically enlarges with age. Relationships are established with grandparents and other extended family members, day care providers, close family friends, neighbors and playmates. Relationships with sisters, brothers, neighborhood children and same-aged children without disabilities are important to the child's development.

Early intervention professionals help children develop appropriate social skills. They observe the child's social interactions in various situations and ask the family how the child interacts with others in typical situations.

If the child's socialization skills are delayed, early intervention staff assist families in developing strategies to teach social skills to the extent desired by the family. If the child is not establishing relationships appropriate for her/his age, the service process provides opportunities for the child to interact with others, using techniques to teach social skills.

15. *Children develop relationships*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the child. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about the types of relationships the child might be forming.

Suggested Questions for the Family:

- Do you have any concerns about your child forming relationships with others?
- How does she/he respond to other people?
- Is your child forming relationships?
- Does your child communicate with others? If not, is this a barrier to forming relationships?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- Is the child developing skills that enable her/him to interact with others?
- If not, what is being done to teach the child skills in this area?
- Is the family satisfied with the number of relationships the child is forming?
- If not, what is being done to enhance the development of relationships?

Observe interactions and environments:

If possible, spend time with the child in environments where she/he typically spends time to observe the child interacting with others.

Check the child's/family's record or other program documentation:

Examine the child's/family's record, particularly the service plan to determine whether needs for the development of socialization skills are addressed.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

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15. Children develop relationships

Outcome Decision Making

- *Is the outcome present?*
- *Is there a process?*
- *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the development of relationships

Outcome Questions:

15.1 Is the child developing social skills to enable him or her to interact with others?

15.2 Is the child developing relationships?

15.3 Is the type and extent to which the child is developing relationships satisfactory to the child and family? If yes, *the Outcome is present.*

Organizational Process Questions:

15.A Has the organization designed and initiated a process that will help the child form relationships to the extent desired by the child and family?

15.B If the answer is yes, what is that process?

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16. *Families remain connected to natural supports*

Families are supported to maintain relationships with others who are significant to them and who provide significant support. Natural support networks are people whose commitment to support each other is generally for long periods of time, even lifelong. Natural support networks can include extended family, neighbors, co-workers and very close friends.

Individual differences are usually seen in how closely connected families remain to these people and the degree to which these networks are functional and supportive. The type and extent of these relationships at any particular time are usually determined by each family or by interactions between members of the support network.

Early intervention professionals facilitate the continuation or even the formation of connections whenever possible. Supports that facilitate connections can be limited and informal or extensive and formalized. Families determine whether their support networks are sufficiently extensive and whether help from staff is necessary or desired. Specific care is taken not to disrupt any existing connections through unwanted interference.

Values

- *Natural support networks provide lifelong support and a safety net for families.*
- *Families access supports that enable them to maintain connections to their natural supports according to their choices and preferences.*

16. *Families remain connected to natural supports*

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about their connection to natural support networks.

Suggested Questions for the Family:

- Do you receive any help or support from family, friends or neighbors?
- How do these people relate to your child?
- Have you had any difficulty maintaining important relationships since your child was born?
- Do staff ever ask about the extent of your natural supports?
- Do you need help with these relationships or need additional supports?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- How do you know if the family has a natural support network?
- Is the family satisfied with the extent of their natural support network?
- If not, what is being done to expand this network?
- Is the family having difficulty maintaining its natural support network?
- If so, what is being done about that?

Check the child's/family's record or other program documentation:

Examine the child's/family's record, particularly the service plan, to determine whether needs for the expansion or maintenance of the family's natural support network are being met.

16. *Families remain connected to natural supports*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about natural support networks:

Outcome Questions:

16.1 Does the family have a natural support network?

16.2 Is the extent of the support network satisfactory to the family?

16.3 If the family does not have a natural support network, is this due to family choice?

16.4 If the answers to 16.2 and 16.3 are yes, *the Outcome is present*.

Organizational Process Questions:

16.A Has the organization designed and initiated a process that will promote the formation or continuation of natural support networks for the family?

16.B If the answer is yes, what is that process?

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

17. Families are a part of their communities

Values

- *Families decide the type and extent of their own participation in community life.*
- *Variance in the type and extent of community participation through activities and roles is based on family choice and preference.*
- *Families may need support to assume roles in the community or be involved in community activities.*

Many families of children with developmental delays/disabilities are isolated from activities and socialization with families of children without disabilities. Families may need support to take part in a variety of routine and special activities that occur in their communities and assume roles in the community to the extent they desire.

Communities often have many resources for family support, enjoyment and development. Families are supported to participate in varied activities and organizations, according to their interests. Many families require support to be involved in some activities or roles in the community. Respite care or other child care may be needed. Special medical supplies and equipment can enable some children to participate in community life. Adaptive equipment can promote mobility, communication and nutritional status. Supports and assistance reflect individual differences concerning the nature, duration and frequency of community participation.

Some families may need assistance in locating community activities or matching their interests to leadership roles, involvement with organizations, participation in religious communities, volunteering or other activities. Some may even choose involvement in disability related concerns or groups. Other families may choose limited involvement in community activities or concerns since they may have little time to devote to commitments other than work and family.

17. *Families are a part of their communities*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about their involvement and participation in the life of the community.

Suggested Questions for the Family:

- Are you satisfied with your level of involvement in community functions/activities?
- If not, what supports do you need to become more involved in the community?
- Do you know what community activities, groups and leadership roles are available in your community?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information.

Suggested Questions for staff or others who know the family best:

- How do you determine if the family is satisfied with their level of participation in the community?
- Does the family need assistance or support to assume roles or be involved in the community?
- Is this support provided?

Check the child's/family's record or other program documentation:

Examine the child's/family's record, particularly the service plan, to determine whether family needs for involvement in the life of the community are being met.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

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17. *Families are a part of their communities*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about involvement in the life of the community:

Outcome Questions:

17.1 Does the family participate in community activities and/or assume roles in the community?

17.2 Is the family involved in the community to the extent they would like to be?

17.3 If the answer to 17.2 is yes, *the Outcome is present.*

Organizational Process Questions:

17.A Has the organization designed and initiated a process that informs families of opportunities, determines their interests and offers support desired?

17.B If the answer is yes, what is that process?

Additional Considerations:

- If the family is aware of the options available and the opportunities to participate in the life of the community are limited only by the size and location of the community itself, then *the Outcome is present.*

18. *Families have economic resources*

Families have economic resources to cover the basic requirements for a place to live, food, clothing, transportation, medical services and some leisure activities. Families are assisted in locating sources of economic assistance. Assistance can be derived from public support programs, employment or private sources. Securing basic life supports enables families to plan for their futures.

Families may ask for assistance in managing the resources they already have through linkage to financial planners, credit counselors, attorneys, insurance agents and other financial planning professionals.

Although early intervention professionals generally do not directly provide family economic services, they are knowledgeable about such resources and can refer families to needed financial assistance and services. The family needs assessment process includes basic questions about the family's financial needs and economic situation. Organizations providing services and supports assist families to gather the economic resources necessary to support basic life activities.

Values

- *Families have the resources to cover their basic needs.*
- *Economic security enables families to plan for their futures.*

18. Families have economic resources

Outcome Information Gathering

- *Interview the family*
- *Follow up with staff and others*
- *Observe interactions and environments*
- *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask about the adequacy of and satisfaction with their economic resources and insurance coverage.

Suggested Questions for the Family:

- Do you have sufficient resources to pay your basic living expenses?
- Do you need assistance in securing additional resources?
- Do you need help securing ways to pay for costs related to your child's care, equipment or other supports?
- Do you have information about your eligibility for various programs such as respite care, in- home family supports and medical assistance?
- Do you need any help with budgeting or financial management?
- Do you need any information about insurance?
- Do staff ever ask you about family economic issues?

Interview staff or others who know the family best:

Plan follow-up discussions with people who know the family best to clarify information and to find out about support provided to assist the family with economic issues.

Suggested Questions for staff or others who know the family best:

- How do you know that the family has sufficient resources to cover their basic living expenses?
- Does the family need economic assistance?
- If so, how is it provided?
- Have you asked the family about their insurance needs?
- If they have indicated needs in this area, has assistance been provided?
- Have you asked the family if they need help managing their financial resources?
- How are questions about economic issues raised with families?

Observe the environment:

If possible, observe to see if the family has the basic living support in their environment (such as food, adequate housing and clothing).

18. *Families have economic resources*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about the family's economic resources:

Outcome Questions:

18.1 Do family financial assets, income and insurance cover the family's basic life activities?

18.2 Are there any needs not met? Is this due to personal choice?

18.3 Is the family satisfied with the financial resources they have available to provide them with basic life activities such as a place to live, transportation, health care, food, clothing, insurance and some leisure?

18.4 If the answer to 18.3 is yes, *the Outcome is present.*

Organizational Process Questions:

18.A Has the organization designed and initiated a process that determines with the family the resources needed and, if necessary, actions to respond to needs.

18.B If the answer is yes, what is that process?

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

19. Families experience continuity and security

Values

- ▼ *Planning for major transitions minimizes the disruptive effects of these changes on family life.*
- ▼ *Supports and services are provided with minimal disruption to a family's life.*
- ▼ *When unplanned changes occur, the organization has a plan to address the effects on family life.*
- ▼ *Systems advocacy promotes greater continuity and security in services for families.*

Services and supports to families provide continuity and security for them throughout the service process. The rationale for changes in programs, services and staff is derived from issues related to each family and child. Ideally, funding for supports and services follow the person rather than finance programs. If staff changes need to occur, efforts are made to minimize any foreseen negative impact on the lives of the families affected by such changes.

Families go through many transitions. Support is given to families as they make transitions to new or additional services/supports. Planning for transition to preschool or other types of services is completed well in advance of the change to ensure that problems do not arise and that families are as comfortable as possible with the changes.

Anxiety related to transitions is lessened by careful collaborative planning with families and other parties.

Early intervention professionals cannot ensure that transitions and changes are completely free of stress, but they help lessen the degree to which changes disrupt the family's life.

19. *Families experience continuity and security*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask how secure they feel with their current situation and what kind of stability is important for them in the future.

Suggested Questions for the Family:

- Do you have any anxieties or worries about your child's/family's future?
- Is there anything staff can do to alleviate these concerns?
- Do you feel that you have control over your life?
- If not, what is out of your control? Has anything disruptive happened in your life since your involvement in the early intervention program?
- Have you experienced many staff changes in the program?
- If so, how has this affected you and your child?
- Are there any upcoming transitions for your child or family for which planning may need to occur?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information and to find out about supports provided to assist the family with continuity and security.

Suggested Questions for staff or others who know the family best:

- Has the family experienced a great deal of discontinuity in their lives? If so, what has been the source of this discontinuity?
- Have changes in staffing occurred? If so, how was the family involved in these changes? How were they prepared for these changes?
- Are there any upcoming transitions for the child/family that might require some planning? If so, has the planning process been initiated?

Check the child's/family's record or other program documentation:

Review the service plan or transition plan to see how changes are anticipated and how concerns related to change are handled when raised by the family or others.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

19. *Families experience continuity and security*

Outcome Decision Making

- *Is the outcome present?*
- *Is there a process?*
- *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about continuity and security:

Outcome Questions:

19.1 What changes in the child's/family's life or services are planned?

19.2 Are changes in the child's/family's life or services determined by the family?

19.3 If the answer to 19.2 is no, are plans made to minimize the disruptive effects of these changes on the child and family?

19.4 If the answers to 19.2 and 19.3 are yes, *the Outcome is present.*

Organizational Process Questions:

19.A Has the organization designed and initiated a process that assists families to respond to or manage change?

19.B If the answer is yes, what is that process?

20. *Families are satisfied with their services*

The services families receive meet their needs and expectations. Early intervention service providers devise approaches that effectively solicit feedback related to satisfaction with services from each family. Mechanisms such as satisfaction surveys, telephone interviews, third party reviews, and other approaches are used to solicit input from consumers regarding service quality.

Families are free to express dissatisfaction with aspects of services without fear of retribution or reprisal. If families need to express dissatisfaction, they feel that administrators and staff are approachable. Action is taken to improve the family's level of satisfaction with services if dissatisfaction is expressed.

Organizations make changes in services they offer based upon information received from families. The decision to make changes or provide other service options stems from discussions with families, examining past patterns of service/support, the cause of dissatisfaction and the range of satisfactory and realistic options to rectify the situation.

Values

- *Satisfaction is a critical aspect of service quality. The most important perspective on quality is the consumer's point of view.*
- *The absence of a complaint does not mean the presence of satisfaction.*
- *Organizations anticipate the need to modify service practices as children and families grow and change.*

20. *Families are satisfied with their services*

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them about their overall satisfaction with the services and supports they receive.

Suggested Questions for the Family:

- What do you like about the early intervention services you receive?
- What don't you like?
- Are the services what you thought they would be?
- If not, with whom have you spoken about this?
- What were you told?
- Are you asked what you think about services?
- How is this accomplished? How often?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information and to determine how the organization finds out and handles issues related to consumer satisfaction.

Suggested Questions for staff or others who know the family best:

- How do you know if the family is satisfied with their services?
- Have they expressed dissatisfaction?
- If so, what was done about it?

Observe interactions and environments:

Note any tension between the family and staff that might indicate reluctance to communicate feelings of dissatisfaction.

Check the child's/family's record or other program documentation:

Review responses to individual complaints and results of the formal consumer satisfaction methodologies, if concerns about satisfaction are noted.

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20. *Families are satisfied with their services*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observations of an early intervention session, and a review of the record if needed, please answer the following questions about satisfaction with services:

Outcome Questions:

20.1 How is the family's satisfaction determined?

20.2 Does the family express satisfaction with supports and services?

20.3 If the answer to 20.2 is yes, *the Outcome is present.*

Organizational Process Questions:

20.A Has the organization designed and initiated a process that elicits opinions about satisfaction with services in a non-threatening, constructive way?

20.B If the answer is yes, what is that process?

Additional Considerations:

- The process may be considered present only if there is a means to solicit opinions from the family that is regularly used.

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

21. *Families are satisfied with their life situations*

Values

- *Family life satisfaction increases with the presence of natural support networks.*
- *Satisfaction increases when families are able to select their own goals, direct their own services and exercise other types of control over their life situations.*

Families are generally satisfied with their current life situations and their prospects for the future. The provision of family-centered early intervention services typically increases the family's overall satisfaction with life.

Families might not be satisfied with all their life circumstances. If the family cannot reconcile themselves with their circumstances, early interventionists assist them to devise strategies for changing their circumstances or accomplishing other valued outcomes. This examination and strategizing can be done within the context of a service plan or it can be accomplished with friends and family. The identification of future goals and ambitions does not necessarily indicate dissatisfaction with current life situations.

21. *Families are satisfied with their life situations*

The following is intended as a guide for gathering information from the family and other sources to determine whether the outcome is present for the family. The specific activities and some of the questions may need to be modified to accommodate the family members' personal preferences and to assist the family to understand the type of information needed.

Interview the Family:

During the interview with the family, ask them about their overall satisfaction with their life situations.

Suggested Questions for the Family:

- Are you happy with your personal life situation?
- What would you prefer it to be like?
- With whom have you spoken about this?
- What were you told?
- Has involvement with the program improved your personal life at all?
- If so, in what ways?
- Do staff ever ask you if you are happy with your life situation?

Interview staff or others who know the family best:

Plan follow-up discussions with staff or others who know the family best to clarify information and to find out how information about the family's overall satisfaction is solicited and used.

Suggested Questions for staff or others who know the family best:

- How do you know if the family is satisfied with their life situation?
- Have they expressed dissatisfaction?
- If so, what was done about it?

Observe interactions and environments:

Note any tension between the family and staff that might indicate reluctance to communicate feelings of dissatisfaction.

Check the child's/family's record or other program documentation:

Review responses to individual complaints and results of the formal consumer satisfaction methodologies, if concerns about satisfaction are noted.

Outcome Information Gathering

- ▼ *Interview the family*
- ▼ *Follow up with staff and others*
- ▼ *Observe interactions and environments*
- ▼ *Check records*

21. *Families are satisfied with their life situations*

Outcome Decision Making

- ▼ *Is the outcome present?*
- ▼ *Is there a process?*
- ▼ *What are the barriers?*

Based on the information gathered from meeting and talking with the family, interviews with staff or others who know the family best, observation of an early intervention session, and a review of the record if needed, please answer the following questions about satisfaction with family life situations:

Outcome Questions:

21.1 Does the family express overall satisfaction with their life circumstances?

21.2 If the answer to 21.1 is yes, *the Outcome is present.*

Organizational Process Questions:

21.A Has the organization designed and initiated a process that elicits opinions about satisfaction with family life situations in a nonthreatening, constructive way?

21.B If the answer is yes, what is that process?

Additional Considerations:

- The outcome is present if the family expresses overall personal satisfaction, even though there may be dissatisfaction at times or with a particular situation.